

## Absentee Shawnee Tribe of Indians of Oklahoma

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Office Use Only

**Education Department** 

## PLEASE Eastern Oklahoma County Technology Center Adult Career Development

**Information Form** Fee Paid \$ \_\_\_\_\_ Card# \_\_\_\_\_ Name Last First MI Ex. Date \_\_\_\_\_ Received By Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# (optional) \_\_\_\_\_\_ Wk Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_ Education Level (optional) Less than HS \_\_\_\_\_ HS Graduate \_\_\_\_ some college, no degree \_\_\_\_\_ Technical Diploma \_\_\_\_\_ AAS \_\_\_\_ BS \_\_\_\_ MS \_\_\_\_ Doctorate \_\_\_\_ GED \_\_\_\_\_ Employer Not Full Part Self Or Firm \_\_\_\_\_ Employed [ ] Time [] Time [ ] Employed [ ] Please place a check ( ) by all statements that apply. This training will help you: complete a degree prepare for a new career ☐ Increase your salary

Class Name/Code \_\_\_\_\_ Class Date \_\_\_\_ Class Time \_\_\_\_

meet a continuing education requirement

other (Please specify)

Date

U Obtain a professional certification or credential

Advance in current position